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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number:	09/972,362
	Filing Date:	October 5, 2001
	First Named Inventor:	F. Ahmad et al.
	Group Art Unit:	2151
	Examiner Name:	Kamal B. Divecha
	Atty Docket Number:	SJO920010099US1
<p>This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000.</p>		
<p>1. Submission required under 37 C.F.R. § 1.114</p> <p>a. <input checked="" type="checkbox"/> Previously submitted</p> <p>i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on 10/24/2005.</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____.</p> <p>iii. <input type="checkbox"/> Other ____.</p> <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Copy of Previously filed Amendment/Reply, 18 pages</p> <p>ii. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>iii. <input type="checkbox"/> Supplemental Information Disclosure - ____</p>		
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Fee of \$ ____ under 37 C.F.R. § 1.17(i) is enclosed.)</p> <p>b. <input type="checkbox"/> Other ____.</p>		
<p>3. Fees</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 09-0466.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. § 1.17(e)</p> <p>ii. <input checked="" type="checkbox"/> All required extension of time fees (under 37 C.F.R. §§ 1.136 and 1.17) in this RCE or in any concurrent and future communications/replies requiring a petition for extension of time.</p> <p>iii. <input checked="" type="checkbox"/> Charge Any Deficiency.</p> <p>b. <input type="checkbox"/> Check in the amount of \$ ____ is enclosed.</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed) for extending One Month Extension of Time to Two Month Extension.</p>		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED		
Name (print/type) David W. Victor	Registration No. Registration No. 39,867	
Signature	Date November 23, 2005	
CERTIFICATE OF MAILING OR TRANSMISSION		
I hereby certify that this correspondence is being transmitted by facsimile to Kamal B. Divecha of the U.S. Patent and Trademark Office at 571-273-8300 on November 23, 2005.		
Name (print/type) David W. Victor		
Signature	Date November 23, 2005	

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